

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3.(a) FULL NAME

## 3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

8.(b) Name of husband or wife

B.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER  
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

Marie Gladhill

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him/her alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 9-16-45

RECEIVED  
SEP 19 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (732)

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death 3 years

Hospital, institution, or street address where death occurred:

101 68 Ave.How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 101 68 Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war —

## 3. (a) FULL NAME

Ollie Osborne Baer

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6.(a) Single, married, widowed, or divorced

married

## 6.(b) Name of husband or wife

Anna L. Fautle

## 7. Birth date of

deceased (mo., day, yr.)

June 6 1885

## 8. AGE:

60 Years3 Months13 Days

If less than one day

— hrs. — min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Br & P. R. Co.

## 11. Industry or business

Hortler

## 12. Name

John A. Baer

## 13. Birthplace

Maryland

## 14. Maiden name

Anna E. Mc Cormick

## 15. Birthplace

Maryland

## 16. Informant

Anna L. Baer

## Address

Brunswick Md

## 17. Burial

Burial

## Date thereof

Sept 23 1945  
(month) (day) (year)

(Burial, cremation, or removal. Which?)

## Cemetery or crematory

Park Heights

## Location

Brunswick Md

## 18. Funeral director

C. H. Fetz & Bros

## Address

Brunswick Md.

## 19. Date rec'd by registrar

Sept. 23 1945Emma Martin  
Regist. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1945 at 2:15 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 19 1845 to Sept. 19 1945and that I last saw him alive on Sept. 19 1945

## Immediate cause of death

Acute Congestive Heart Failure

## DURATION

2 wks.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

W. B. CarpenterM. D. —Address Louettville, Va Date signed 9/20/45

MINISTER OF THE INTERIOR

STARS TO STARS

RECEIVED  
SEP 25 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick City Hospital  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Woodlawn  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war none

## 3. (a) FULL NAME

Solomon Emanuel Bair

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1975

8. AGE: Years 70 Months 6 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Imperial, Md.  
 (Town, county, and state)

10. Usual occupation Telegraph operator

11. Industry or business Pharm. Rail Road

12. Name John E. Bair

13. Birthplace Penn.

14. Maiden name Charlotte Green

15. Birthplace Penn.

16. Informant Benjamin H. Bair

Address Woodlawn Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Sept. 16, 1945  
 (month) (day) (year)

Cemetery or crematory Belton Cemetery

Location Imperial Md.

18. Funeral director Buell & Hartzler

Address Woodlawn Md.

19. 14 Sept 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1945, at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13 1945 to Sept. 13 1945

and that I last saw him alive on Sept 13 1945

Immediate cause of death \_\_\_\_\_

Hypertensive cordis vascular

renal disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Edw. T. Day M. D. or other \_\_\_\_\_

Address Waltham, Md. Date signed Sept 14, 45

RECEIVED

SEP 17 1945

BUREAU V.P.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

129

08995

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County... Fredrick  
 City or town... Rural, Pottsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 mo.  
 Hospital, institution, or street address where death occurred:  
6 mo  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Fredrick  
 City or town... Rural (Pottsville)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Parson  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

Adolphus Bantlett Baker

## 3. (b) Social Security Number

—

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 8. (b) Name of husband or wife

Francis Meade

## 7. Birth date of deceased (mo., day, yr.)

July 24 18766. (c) If alive, give age — years

## 8. AGE:

Years

Months

Days

If less than one day

69122

hrs.

min.

## 8. Birthplace

Virginia  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

FATHER

## 12. Name

Charles Baker

## 13. Birthplace

Virginia

## 14. Maiden name

Kate Cooper

## 15. Birthplace

Virginia

## 18. Informant

Charles Baker

## Address

Pottsville Va

## 17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof Sept 18 1940  
(month) (day) (year)

## Cemetery or crematory

Union Cemetery

## Location

Leesburg Va

## 18. Funeral director

E. N. Fultz & Son

## Address

Brownsville Md.

## 19.

Sept 16 1945  
(Date read by registrar)Francis MeadeRegistrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Sept 16 1945 at 7:00 M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to Sept 16 1945and that I last saw him alive on Sept 15 1945Immediate cause of death Myocardial Infarction

## DURATION

6 hrs

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Address Brownsville Md Date signed 9/16/45

RECEIVED

SEP 18 1945

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age of deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-a

## CERTIFICATE OF DEATH

FILED G 98 OCT 4 1945

Reg. Dist. No. 137

### 1. PLACE OF DEATH:

County Fredrick

City or town Rural Johnsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Fredrick

City or town Woodstock  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war WW

### 3. (a) FULL NAME

Katheryne M

### 3. (b) Social Security Number

No

#### 4. Sex

Female

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Elmer B. Birley

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov. 1 - 1866

#### 8. AGE:

Years 78 Months 10 Days 17 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ladiesburg Fredk. Co. Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name W. H. Martz

13. Birthplace Fredk. Co. Md

14. Maiden name Elaborah Embrian

15. Birthplace Unknown

16. Informant Mrs W. Schwarzer

Address Keyman Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof Sept 31 - 45  
(month) (day) (year)

Cemetery or crematory Mt Hope Cem.

Location Woodstock Md

18. Funeral director M. L. Creager

Address Thurmont Md

19. Sept 20 19 45 Registrar M. L. Creager

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 19 45 at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 19 45 to Sept 18 19 45

and that I last saw him alive on Sept 18 19 45

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cerebral Hemorrhage 10 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. S. Legg M. D. or other

Address Blaine Bury Date signed 9-19-45

RECEIVED  
SEP 22 1945  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town near Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 da  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 4 da

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Frederick  
 City or town Shurtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Cornelius Harrison Buhman

## 3. (b) Social Security Number

no

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) March 7 - 1857

## 8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>5</u>	<u>26</u>	<u>hrs. min.</u>

## 9. Birthplace

Foxville Fredk Co Md  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Harold Buhman

## 12. Name

Foxville Md

## 13. Birthplace

Foxville Md

## 14. Maiden name

Hannah Pryor

## 15. Birthplace

Foxville Md

## 16. Informant

Mrs Chas Wolfe

## Address

Shurtown Md

## 17. Burial

Sept 5-1945

## (Burial, cremation or removal. Which?)

mt moriah cems

## Cemetery or crematory

Foxville Md

## Location

M. T. Creasy Son

## 18. Funeral director

Shurtown Md

## Address

4 Sept 1945

## 19. (Date rec'd by registrar)

Elizbeth G Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1945 at 8A M.21. I CERTIFY that death occurred on the day above stated; that I attended deceased from Aug 29 1945 to Sept 2 1945and that I last saw him alive on Sept 2 1945

Immediate cause of death \_\_\_\_\_

Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebra

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE J E Harp MDAddress Shurtown M. D. or other \_\_\_\_\_  
Date signed 9-3-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

RECEIVED  
SEP 5 1945  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

68999

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 4 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 456 West South Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE A. BURCK

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced—  
Widowed

B. (b) Name of husband or wife Irene A. Basford

7. Birth date of deceased (mo., day, yr.) May 20-1869 6. (c) If alive, give age..... years

8. AGE: Years 76 Months 4 Days 2 If less than one day  
 ..... hrs. .... min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Plumber

## 11. Industry or business

FATHER 12. Name Charles R. Burck  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Caroline Stickle  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Allen Bartgis  
 Address 456 W. South Street- Frederick, Md.

17. Burial Date thereof Sept. 25-45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director C.E. Cline and Son  
 Address Frederick, Md.

19. 24 Sept 1945 Elizabeth E. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 22nd. 1945, at 7:15p.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1945 to Sept 22 1945  
 and that I last saw him alive on Sept 20 1945

Immediate cause of death

Charlie Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. E. Cline  
 Address Frederick, Md. Date signed 9/24/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

SEP 25 1945

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7707)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
Frederick  
 City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

4 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war World War II

## 3. (a) FULL NAME

William Bundette

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Eleanor Marie Burdette6. (c) If alive, give age 25 years7. Birth date of deceased (mo., day, yr.) June 23, 1921

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>3</u>	<u>4</u>	.....hrs. ....min.

9. Birthplace Frederick Co. Maryland  
(Town, county, and state)10. Usual occupation Soldier

## 11. Industry or business

12. Name Arthur M. Burdette13. Birthplace Maryland14. Maiden name Effie L. King15. Birthplace Maryland16. Informant Mr. Arthur M. BurdetteAddress Mt. Airy, Md.17. Burial Date thereof 9-10-45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Danascus Pine Grove  
Location Danascus, Montgomery Co. Md.18. Funeral director C.M. Waltz  
Address Winfield, Md.19. 8-Sept-45 Elizabeth L. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 19 45 at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. dead Sept 7 19 45  
alive on Sept 7 19 45

Immediate cause of death

Fracture of skull  
stroke

DURATION

5 yrsDue to auto accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-7-45Where did injury occur? Poplar Springs Howard, Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Route #40 OSMeans of injury auto Injured at work? no23. SIGNATURE R. W. Baer Deputy Med Ex  
M. D. or otherAddress Frederick, Md. Date signed 9-7-45

CERTIFICATE OF DEATH

Attest my hand and seal of office this 10th day of September 1945

RECEIVED  
SEP 10 1945  
BUREAU V.S.

Richard J. ...

Dr. J. ...  
Dr. ...

Dr. ...

Dr. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 years  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State... Maryland County... Frederick  
 City or town... Woodsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

CHESTER ALLEN ARTHUR BURRAS

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced  
 6.(b) Name of husband or wife... Mollie Smith Burras  
 6.(c) If alive, give age 82 years  
 7. Birth date of deceased (mo., day, yr.) October 17, 1885  
 8. AGE: Years 59 Months 11 Days 5 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... Frederick, Maryland  
 (Town, county, and state)  
 10. Usual occupation... Salesman  
 11. Industry or business

12. Name... Daniel Burras  
 13. Birthplace... New York  
 14. Maiden name... Barbara Ann Fauble  
 15. Birthplace... Burkettsville, Maryland  
 16. Informant... Charles Burras  
 Address... Frederick, Maryland

17. Burial Date thereof... Sep. 26, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... Mt. Olivet Cemetery  
 Location... Frederick, Maryland  
 18. Funeral director... C. E. Cline & Son  
 Address... Frederick, Maryland

19. 24 Sept 1945 Elizabeth H. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1945 at 4:00 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 23 1945 to Sept 23 1945  
 and that I last saw him alive on Sept 23 1945

Immediate cause of death... Chorionoma of Uterus DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Muxler M.D. M. D. or otherAddress... Johns River, Md. Date signed Sept 24

RECEIVED  
SEP 25 1945  
BUREAU P.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1212

09001

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 16 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 427 Middle Alley  
 (If rural, give LOCATION)  
 2(a) If veteran, name war None

3. (a) FULL NAME  
FLORENCE REBECCA CANN

3. (b) Social Security Number  
None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Blenn G. Cann

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) October 23, 1881

8. AGE: Years 63 Months 10 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Horace T. Walker

13. Birthplace Frederick County Maryland

14. Maiden name Aria Anna Smith

15. Birthplace Frederick County Maryland

16. Informant Miss I. Virginia Liddle R. N.

Address Emergency Hospital-Fred'k, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 9/24/45  
 (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 24-Sept 1945 Elizabeth G. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 22, 1945 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 6, 1945 to September 22 45  
 and that I last saw her alive on September 21, 1945

Immediate cause of death Cor. Cardio Vascular Anal  
Myocardium

DURATION

3 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Acute Cardio Respiratory Edema

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, todustry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE H. Lawrence Gehring M. D.

Address Frederick, Maryland Date signed 9-24-45

RECEIVED  
SEP 25 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 892

09002

## CERTIFICATE OF DEATH

Reg. Diat. No. 132

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 2 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... East Main St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... No

## 3. (a) FULL NAME

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married  
 B.(b) Name of husband or wife..... Alice Cline  
 7. Birth date of deceased (mo., day, yr.)..... Nov. 5, 1896 6.(c) If alive, give age..... 65 years  
 8. AGE: Years..... 68 Months..... 9 Days..... 26 If less than one day..... hrs. .... min.

9. Birthplace..... Myersville, Frederick County, Md.  
 (Town, county, and state)  
 10. Usual occupation..... Retired Farmer  
 11. Industry or business.....  
 12. Name..... Thos. Cline  
 13. Birthplace..... Myersville Md.  
 14. Maiden name..... Catherine Summers  
 15. Birthplace..... Myersville Md.

16. Informant..... Mrs. Mary Cline  
 Address..... Middletown, Md.  
 17. Burial (Burial, cremation, or removal, or other?) Date thereof..... Sept. 4, 1945  
 (month) (day) (year)  
 Cemetery or crematory..... Epitharian Cemetery  
 Location..... Middletown, Md.  
 18. Funeral director..... Gladhill Co.  
 Address..... Middletown, Md.

19. Sept 4 1945 Marie Gladhill  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept. 1, 1945 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Aug. 27, 1945 to Sept. 1, 1945  
 and that I last saw him alive on Sept. 1, 1945

Immediate cause of death..... cerebral hemorrhage  
 DURATION..... 6 days

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....  
 Autopsy results..... not done  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town)..... (County)..... (State).....  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... H. V. Stator M.D.  
 Address..... Myersville Md. Date signed..... Sept 4, 1945

RECEIVED  
SEP 6 1945  
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

09063

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Fred. Co.City or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2(a) If veteran, name war no

## 3. (a) FULL NAME

Josiah Crum

## 3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married8. (b) Name of husband or wife Ellen Harriet Crum

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.) Jan 12, 1861

8. AGE:

Years

Months

Days

If less than one day

8488

hrs.

min.

9. Birthplace

Frederick Co.  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Salomon Crum

13. Birthplace

Fred. Co.

MOTHER

14. Maiden name

Mary Catherine Kanode

15. Birthplace

Fred. Co.

18. Informant

Mrs Josiah Crum

Address

Walkersville

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Sept 22, 1945  
(month) (day) (year)

Cemetery or crematory

Union Chapel

Location

W. Liberty town

18. Funeral director

H. C. Barton

Address

Walkersville

19.

22 Sept  
(Date rec'd by registrar)

1945

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20, 45 19\_\_\_\_ at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1 1945 to Sept 20 1945  
and that I last saw him alive on Sept 20, 45 1B.

Immediate cause of death

Hypertensive Cardio Vascular Renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Samuel E. Fosterday

M. D. or other

Address

Walkersville, Md.

Date signed

Sept 22, 45

RECEIVED  
SEP 24 1945  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09064

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick RFD 5  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick RFD 5  
(If outside city or town limits, write RURAL and give nearest town)Street No. 105

(If rural, give LOCATION)

2.(a) If veteran, name war No

## 3.(a) FULL NAME

Mrs. Mae E. Decker

## 3.(b) Social Security Number

NONE

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or William Decker7. Birth date of deceased (mo., day, yr.) Feb. 18, 18716.(c) If alive, give age 74 years8. AGE: Years 74 Months 7 Days 10 If less than one day hrs min.9. Birthplace Pittsburg, Penna.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Edward Shuck12. Name Edward Shuck13. Birthplace Pittsburg, Pa.14. Maiden name Margaret Orr15. Birthplace Pittsburg, Pa.16. Informant Mrs. Richard N. WallaceAddress Frederick, Md. RFD 517. Burial Date thereof Oct. 1-1945  
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematorium St. OlmsteadLocation Frederick, Md.18. Funeral director Gladwin Co.Address Middletown, Md.19. 1-Oct 1945 Elizabet G. Heck  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1945 at 6 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1945 to Sept 28 1945 and that I last saw her alive on Sept 28 1945Immediate cause of death Exacerbation of  
Rectum & Bladder

## DURATION

6 mo. 7

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE B. D. Humes M. D. or otherAddress Frederick, Md. Date signed 10/1/45

RECEIVED

OCT 2 1945

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08991

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Mount Pleasant

How long in hospital or institution?

## 3. (a) FULL NAME

CHARLES ELMER EADER, JR.

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced—

W

8. (b) Name of husband or wife

Ida Coburn Rager

7. Birth date of deceased (mo., day, yr.)

September 7, 1887

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

58012

hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Cabinet Maker

11. Industry or business

Bowers Lumber Company

FATHER

12. Name

Charles E. Eader, Sr.

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Mary Quinn

15. Birthplace

Frederick County Maryland

16. Informant

Miss Charlotte E. Eader

Address

311 E. 3rd St., Frederick, Md.

17.

Burial

Date thereof

9/22/45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

20 Sept  
(Date rec'd by registrar)1945Elizabeth G. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 311 East Third Street  
(If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (b) Social Security Number

214-10-1707

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 19th 19 45, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....  
and that I last saw him alive on September 19 19 45

Immediate cause of death

DURATION

Cerebral thrombosis 2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

Elizabeth G. Heck  
Frederick, Maryland 9/20/45  
Address..... Date signed.....

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

SEP 21 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70-2)

## CERTIFICATE OF DEATH.



Reg. Dist. No. 137

## 1. PLACE OF DEATH:

County FrederickCity or town Unionville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

State Highway #26

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Texas

County

City or town Huston

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

DEWOLFE CONRADE EBERSTEIN

## 3. (b) Social Security Number

481-14-0840

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Reta Kartez6. (c) If alive, give age 23 years7. Birth date of deceased (mo., day, yr.) January 17, 1918

8. AGE:

Years 27Months 8Days 2

If less than one day

hrs. min.

9. Birthplace Boston, Mass.

(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business

12. Name M. C. Eberstein13. Birthplace Nebraska14. Maiden name Marian DeWolfe15. Birthplace Mass.16. Informant M. C. EbersteinAddress Baltimore, Maryland17. Burial Date thereof Oct. 3, 1945  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Druid Ridge,Location Pikesville, Md.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. Oct 3 19 45  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 19 45 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on Sept 29 19 45

Immediate cause of death

Crushing of chest & abdomen, fracture of ribs.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Sept 29, 45Where did injury occur? Unionville, Frederick  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury auto Injured at work? no

23. SIGNATURE

R. W. Bauer  
Frederick, Md.  
Address Date signed 9.28.45

M. D. or other

RECEIVED  
OCT 5 1945  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 1/2 yrs

Hospital, institution, or street address where death occurred:

Montevue County HomeHow long in hospital or institution? 1 1/2 yrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Johnsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Frank St. Fisher

## 3. (b) Social Security Number

4. Sex M 5. Color or race Colored 6.(a) Single Married, widowed, or divorced.6.(b) Name of husband or wife Susan Griffin

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co. Md.  
(Town, county, and state)10. Usual occupation Farm laborer

11. Industry or business \_\_\_\_\_

12. Name Frank Fisher13. Birthplace Frederick Co. Md.14. Maiden name Rebecca Williams15. Birthplace Frederick Co. Md.16. Informant Eldridge L. FisherAddress 1005 Church St. Wilmington17. Burial Date thereof Sept 27, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium John Wesley'sLocation Liberty town Md.18. Funeral director Brock & HartzlerAddress 2 Woodsboro, Md.19. 27 Sept 1945 - Eldridge L. Fisher  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1945 at 3:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1945 to Sept 27 1945and that I last saw him alive on Sept 27, 1945Immediate cause of death Hypertensive Cardiac VascularRenal disease

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ellen today M. D. or otherAddress Volksville, Md. Date signed Sept 25, 1945

RECEIVED  
OCT 2 1945  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09007

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick  
County.....  
City or town. State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 6/15/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 6/15/45

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State. Maryland County.....  
City or town. Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1917 N. Patterson Park Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Clement Floyd

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Separated  
6.(b) Name of husband or wife Ross Floyd  
7. Birth date of deceased (mo., day, yr.) June 24, 1889  
6.(c) If alive, give age..... years  
8. AGE: Years Months Days If less than one day  
56 2 28 ..... hrs. .... min.

9. Birthplace. Baltimore, Maryland  
(Town, county, and state)  
10. Usual occupation. Huckster  
11. Industry or business

12. Name Charles Floyd  
13. Birthplace Baltimore, Md.  
14. Maiden name. ?  
15. Birthplace ?

16. Informant Deceased  
Address

17. Burial Date thereof Sept. 25, 1945  
(Burial, cremation, or removal. Which?) month (day) (year)  
Cemetery or crematory. Mt. Olivet  
Location. Baltimore, Md.

18. Funeral director. J. H. G. Co.  
Address. 9/21/45

19. (Date rec'd by registrar) 9/21/45 Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH. September 21, 1945, at 3:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1945, to Sept. 21, 1945, and that I last saw him alive on September 21, 1945.

Immediate cause of death. Pulmonary Tuberculosis DURATION 9 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE J. H. G. Co. M. D. J. H. G. Co.

Address. State Sanatorium, Md. Date signed. 9/21/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



SEP 24 1945  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 522 Klineharts Alley  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
WILLIAM EDWARD GOODMAN

3. (b) Social Security Number  
None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 19, 1937 6. (c) If alive, give age years

8. AGE: Years 8 Months 3 Days 3 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Student

11. Industry or business Public School

FATHER 12. Name Harry E. Goodman  
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Rebecca Hamilton  
15. Birthplace Montgomery County Maryland

16. Informant Harry E. Goodman  
Address 522 Klineharts Alley, Fred'k, Md.

17. Burial Date thereof 9/25/45  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Fairview Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 25 Sept 1945 Registrar Elizabeth B. Heek  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 22, 1945 at 2 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1, 1945 to Sept 22, 1945  
and that I last saw him alive on Sept 22, 1945

Immediate cause of death Pneumonia

Due to

Due to

Other conditions Pneumonia  
(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of Injury Injured at work?

23. SIGNATURE Elizabeth B. Heek M. D.  
Walthamville M. D. or other  
Frederick, Maryland Date signed 9-24-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED TO THE DIRECTOR OF THE BUREAU OF INVESTIGATION

STATE OF TEXAS

RECEIVED

SEP 28 1945

BUREAU V.S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Frederick Registration Dist. No. 140  
 Village or City Rural near Detour No.      St.      Ward       
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 86 yrs. 6 mos. 19 ds. How long in U.S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Alice May Grossnickle  
 (a) Residence: No. Near Detour St.      Ward.       
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Tilghman Luther Grossnickle</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb. 23, 1859</u>		
7. AGE Years <u>86</u>	Months <u>6</u>	Days <u>19</u>
If LESS than 1 day, --- hrs. or --- min.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

September 12, 1945  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

March 2, 1945, to Sept. 12, 1945  
 I last saw him alive on Sept. 13, 1945; death is said to have occurred on the date stated above, at 4:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis Date of onset 32 months

Other Contributory Causes of importance:

Name of operation      Date of       
 What test confirmed diagnosis?      Was there an autopsy?     

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of injury     , 19     

Where did injury occur?      (Specify city or town, county and State)  
 Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury       
 Nature of injury     

24. Was disease or injury in any way related to occupation of deceased?

If so, specify       
 (Signed) Bl. Thomas M. D.  
 (Address) Frederick, Md.

12. BIRTHPLACE (city or town) Rural near Detour  
 (State or country) Frederick Co. Md.

13. NAME Joshua Carmack

14. BIRTHPLACE (city or town) Detour  
 (State or country) Maryland

15. MOTHER NAME Amanda Eyer

16. BIRTHPLACE (city or town) Detour  
 (State or country) Maryland

17. INFORMANT Mrs. Raymond Albough  
 (Address) Detour, Md.

18. BURIAL, CREMATION, OR REMOVAL Burial  
 Place Daugherty Date Sept. 15, 1945

19. UNDERTAKER M. L. Casagerson  
 (Address) Thurmont, Md.

20. FILED 9/14, 19 45 L. L. Swire  
 Registrar.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick City HospitalCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CarrollCity or town Taneytown Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Catherine L. Hahn

## 3. (b) Social Security Number

none

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife C. Guy Hahn7. Birth date of deceased (mo., day, yr.) Oct. 30, 18848. AGE: Years 60 Months 10 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick Co.  
(Town, county, and state)10. Usual occupation housework

11. Industry or business

12. Name Albert Saylor13. Birthplace Md14. Maiden name Susan Hoffman15. Birthplace Md16. Informant Carl T. HahnAddress Taneytown R#217. burial Date thereof Sept. 21, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or place of interment KeysvilleLocation Keysville, Md.18. Funeral director C.O. FUSS & SONAddress Taneytown, Md.19. Sept 20 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19th 1945 at 2:30 A M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 5th 1945 to Sept 19th 1945and that I last saw him alive on Sept 13th 1945Immediate cause of death Shock following DURATIONAmputation of right legfor gangrene of legDue to Complication by injury on Sept 5th, 1945 14 daySept 5th, 1945Edward P. Thomas, M.D. 1 yearOther conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept 5th, 1945Where did injury occur? near Taneytown Carroll Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury fell upon right leg Injured at work? nogoing to spray for bucket of water23. SIGNATURE E. M. Benner Md M. D. or otherAddress Taneytown Md Date signed Sept 20th 1945

RECEIVED  
SEP 24 1945  
BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

## CERTIFICATE OF DEATH

Reg. Dist. No. 136

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 5 Years  
Hospital, institution, or street address where death occurred:  
Near Frederick Junction  
How long in hospital or institution? .....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Frederick Junction  
(If rural, give LOCATION)  
None  
2.(n) If veteran, name war .....

### 3. (a) FULL NAME

GEORGE WASHINGTON HALLER, SR.

### 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
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6. (b) Name of husband or wife Nettie M. Dixon  
7. Birth date of deceased (mo., day, yr.) January 25, 1869  
8. AGE: Years 76 Months 7 Days 10 If less than one day  
..... hrs. .... min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Retired

### 11. Industry or business

FATHER 12. Name John Haller  
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Lidie  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Nettie D. Haller  
Address R. F. D. #2-Frederick, Maryland

17. Burial 9/7/45  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
Location M. R. Etchison and Son

16. Funeral director Frederick, Maryland  
Address .....

19. 7-Sept 1945 J.O. Hudrickson  
(Date rec'd by Registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1945, at 1:57 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to ..... 19.....  
and that I last saw h. 17 days on Sept 6 1945

Immediate cause of death Coronary thrombosis DURATION 2 hrs

Due to Arteriosclerosis 10 yrs

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work? yes

23. SIGNATURE P. W. Bane M. D. or other Ex.  
Address Frederick, Md Date signed 9-6-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
SEP 12 1945  
BUREAU V.E.

## MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

22

## CERTIFICATE OF DEATH

09012

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County... FrederickCity or town... Burial Rocky Ridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Burial Rocky Ridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2.(a) If veteran, name war... no

## 3.(a) FULL NAME

Mary Catherine Hamburg

## 3.(b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

October 3, 1860

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

841118

hrs.

min.

9. Birthplace... Chambersburg, Pa.  
(Town, county, and state)

10. Usual occupation...

Housekeeper

11. Industry or business

Home

MOTHER FATHER

12. Name...

Frank Hamburg

13. Birthplace

Unknown

14. Maiden name...

Sarah Hamburg

15. Birthplace

Unknown

16. Informant

Mrs. Harry Clem

Address

Rocky Ridge, Md.17. Burial  
(Burial, cremation, or removal. Which?)Date thereof... Sept 16, 1945  
(month) (day) (year)

Cemetery or crematory

Mt. Zion

Location

Rocky Ridge, Md.

18. Funeral director

W. H. Bridges & Son

Address

Thurmont, Md.19. Sept 16 19 45  
(Date rec'd by registrar)Blanchard Eyer  
Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 14454:30

A.M.

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from

Sept 1245Sept 1445

and that I last saw him... alive on

Sept 1345

Immediate cause of death

cardiac decompensation

DURATION

3 mo

Due to

Chronic myocarditis several years

Due to

arteriosclerosis - several years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. R. Cadle MD

M. D. or other

Address

Thurmont, Md.Date signed 9-14-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED 27 SEP 1955

CERTIFICATE OF DEATH

RECEIVED

SEP 18 1955

HEAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 306

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Months

Hospital, institution, or street address where death occurred:

136 West All Saint Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 136 West All Saint Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

DIANNA JANE LAVERA HILL

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age ..... years

7. Birth date of

deceased (mo., day, yr.)

May 30, 1945

8. AGE:

Years

Months

Days

If less than one day

0325

.....hrs.

.....min.

9. Birthplace

Frederick R. D. - Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER  
MOTHER

12. Name

Wesley John Ross

13. Birthplace

Baltimore, Maryland

14. Maiden name

Nellie Virginia Hill

15. Birthplace

Frederick County Maryland

16. Informant

Nellie V. Hill

Address

136 W. All Saint St., Fred'k, Md.

17.

Burial

(Burial, cremation, or removal - Which?)

Date thereof

9/26/45

(month) (day) (year)

Cemetery or crematory

Ebenezer Cemetery

Location

Near Urbana, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

25 Sept 1945  
(Date rec'd by registrar)

19.

45Elizabeth G. Hech

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 25, 1945 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 22 1945 to Sept 25 1945and that I last saw him alive on Sept 22 1945

Immediate cause of death

congenital heart

DURATION

2 1/2 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

P. W. BarrM. D.

M. D. or other

Address Frederick, Maryland Date signed 9-25-45

RECEIVED  
SEP 28 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92

## CERTIFICATE OF DEATH

09014

Reg. Dist. No.

134

## 1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Catherine Hopp

## 3. (b) Social Security Number

70

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife Harry Hopp

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.) May 5, 1866

8. AGE:

Years

Months

Days

If less than one day

7946

..... hrs.

..... min.

9. Birthplace Frederick Co., Maryland  
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name John Dukehart13. Birthplace Frederick, County, Md.14. Maiden name Catherine Smith15. Birthplace Ireland16. Informant Rae M BeallAddress Emmitsburg, Md.17. Burial Date thereof Sept. 14, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph's CatholicLocation Emmitsburg, Md.18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. Sept-13-45  
(Date rec'd by registrar)M. F. Shuff  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1945 at 10:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to Sept 11 1945and that I last saw him alive on Sept 11 1945

Immediate cause of death

Cerebral hemorrhage

DURATION

6 daysDue to hypertensive cardio  
vascular diseaseDue to several years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. R. Cade M.D.

M. D. or other

Address Emmitsburg, Md. Date signed 9-13-45



RECEIVED  
SEP 17 1945  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1192

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Catactin in Thurman  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Fossville, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, same war no

## 3. (a) FULL NAME

Robert Allen Husley

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) March 26, 1945

8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years Months Days If less than one day  
5 11 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Fossville, Fred. Co., Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Robert Husley13. Birthplace Fossville, Md.14. Maiden name Mary Holtz15. Birthplace Madison, Perry, Md.16. Informant Mr. Robert HusleyAddress Lantz, Md.17. Burial, cremation, or removal, Which? Burial Date thereof Sept. 9, 1945  
(month) (day) (year)Cemetery or crematory BethelLocation New Gardfield, Md.18. Funeral director M. L. Wagner & SonAddress Thurman, Md.19. Sept. 8 19 45 Blanchie S. Eyles  
(Date rec'd by registrar) Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 7, 1945, at 2:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 4 19 45, to Sept. 7 19 45, and that I last saw him alive on Sept. 7 19 45.Immediate cause of death Gastro Enteritis Acute

## DURATION

5 daysDue to malnutrition

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Wm. A. Biehl M. D. or otherAddress Thurman, Md. Date signed 9/8/45

RECEIVED TO THE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

SEP 12 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Years

Hospital, institution, or street address where death occurred:  
200 Block West South Street

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 300 Madison Street  
 (If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

RALPH J. JOHNSON

## 3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>M</u>	<u>C</u>	<u>S</u>

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) September 12, 1930  
 6. (c) If alive, give age ..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>14</u>	<u>11</u>	<u>14</u>	..... hrs. .... min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Student

11. Industry or business Public School

12. Name Henry Johnson

13. Birthplace Frederick County Maryland

14. Maiden name Mary Palmer

15. Birthplace Frederick County Maryland

16. Informant George Ambush

Address 300 Madison St., Frederick, Md.

17. Burial Burial Date thereof 9/10/45  
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 8 Sept 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1945 at 2:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 9 days prior to death, to 1945

Immediate cause of death Cerebral artery of rt chest

+ tubercular infection

Due to Run over by tractor

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9.6.45

Where did injury occur? Frederick, Frederick, Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) W. South St.

Means of injury Run over by tractor Injured at work? no

23. SIGNATURE P. W. B. Bore M. D. or other Physician  
 Address Frederick, Md. Date signed 9.6.45

RECEIVED

SEP 10 1945

BUREAU V.R.

RECEIVED

SEP 10 1945

BUREAU V.R.

*Handwritten notes:*  
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*Handwritten notes:*  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09017 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 1 day

## 3. (a) FULL NAME

Laura Anna Key

4. Sex

F.

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Ed Wilson Key

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.) Sept. 30, 1871

8. AGE:

Years

Months

Days

If less than one day

731119

hrs.

min.

9. Birthplace

Libertytown Md.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

House work

FATHER

12. Name

John A. Thomas

MOTHER

13. Birthplace

Frederick Co. Md.

14. Maiden name

Eliza Roberts

15. Birthplace

Frederick Co. Md.

16. Informant

James A. Key

Address

Walkersville Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Sept. 23, 1945  
(month) (day) (year)

Cemetery or crematory

John Wesley's

Location

Libertytown Md.

19. Funeral director

Biddle & Hartzler

Address

Woodsboro Md.

19. 21-Sept 1945

(Date rec'd by registrar)

Elizabeth H. Hecht  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Libertytown  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19, 1945 at 8:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Sept 19, 1945

Immediate cause of death

Fracture of skull  
crushing injury to chest  
+ lacerations of face  
& arms

DURATION

1 hr.

Due to

Auto accident

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9.19.45Where did injury occur? Libertytown (City or town) Frederick (County) Frederick (State)Injured at home, farm, industry, public place (where?) Road 26Means of injury autoInjured at work? no

23. SIGNATURE

Frederick 11/11 Date signed 9.20.45

RECEIVED  
SEP 22 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:  
Frederick

County

City or town Emmitsburg, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Emmitsburg, Md.  
(If rural, give LOCATION)

2.(a) If veteran, name war:

## 3. (a) FULL NAME

Susan Cecelia Krugo

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widow6. (b) Name of husband or wife Lewis Krugo

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) December 17, 1859

## 8. AGE:

Years

85

Months

8

Days

19

If less than one day

hrs.

min.

9. Birthplace Frederick Co., Md  
(Town, county, and state)10. Usual occupation Housekeeper

## 11. Industry or business

12. Name Isaac F. Bowers13. Birthplace Frederick Co., Md14. Maiden name Cecelia Eck15. Birthplace Adams Co., Penna16. Informant Mrs. Rose PetersonAddress Emmitsburg, Md.17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Sept. 10, 1945  
(month) (day) (year)Cemetery or crematory St. Anthony's Shrine CemeteryLocation Emmitsburg, Md., R.F.D.18. Funeral director L. L. AllisonAddress Emmitsburg, Md.19. Sept-7, 1945  
(Date rec'd by registrar)M. F. Shuff  
(Signature of registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6, 1945 at 4:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 # Sept 6, 1945  
and that I last saw him alive on Sept 15, 1945

Immediate cause of death

arteriosclerotic  
cardiovascular  
diseases - several years

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. P. Cagle M.D.

M. D. or other

Address Emmitsburg, Md.Date signed 9-6-45

CERTIFICATE OF DEATH

REC'D

SEP 12 1945

BUREAU V. K.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09019

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 days  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 10 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
Lincoln Apt's. Pheobus Ave.  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

DWIGHT DELNORE LEAKS

### 3. (b) Social Security Number

none

4. Sex <u>male</u>	5. Color or race <u>colored</u>	6. (a) Single, married, widowed, or divorced <u>single</u>
6. (b) Name of husband or wife _____		
7. Birth date of deceased (mo., day, yr.) <u>Sept. 19th., 1945</u>		
6. (c) If alive, give age _____ years		
8. AGE: Years <u>0</u>	Months <u>0</u>	Days <u>10</u> .....hrs. ....min.

9. Birthplace Frederick, Frederick, Md.  
 (Town, county, and state)

10. Usual occupation \_\_\_\_\_

### 11. Industry or business

FATHER 12. Name Joseph T. Leaks,  
 13. Birthplace Dela, Md.

MOTHER 14. Maiden name Mary Weedon  
 15. Birthplace Doubs, Md.

16. Informant Joseph T. Leaks,  
 Address Lincoln Apt's, Frederick, Md.

17. Burial Date thereof Oct. 1, 1945  
 (Burial, cremation, or removal, which) (month) (day) (year)  
 Cemetery or place of interment Methodist Cemetery,  
Dela, Dickerson, Md. R. D.  
 Location M. R. Etchison & Son,

18. Funeral director Frederick, Md.  
 Address \_\_\_\_\_

19. 29th Sept 45 Elizabeth S. Hach  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29th., 45 at 130 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26, 45 to Sept 29, 45  
 and that I last saw him 1m alive on Sept 29, 45

Immediate cause of death pneumonia broncho

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Antopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. E. Foster Day M D

Walkersville, Md. M. D. or other 9/30/45  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 3 1945  
BUREAU T.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-1)

## CERTIFICATE OF DEATH

Reg. Dist. No. 09020 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 8/22/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 8/22/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 323 Bedford St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

De Warren Metz

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced  
 6. (b) Name of husband or wife \_\_\_\_\_  
 7. Birth date of deceased (mo., day, yr.) Aug. 21, 1901 8. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 44 Months 0 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cumberland, Md.  
 (Town, county, and state)  
 10. Usual occupation Cook  
 11. Industry or business \_\_\_\_\_

12. Name Cleve Metz  
 13. Birthplace W. Va.  
 14. Maiden name Iva M. Brooks  
 15. Birthplace Martinsburg, W. Va.  
 16. Informant Deceased

Address \_\_\_\_\_  
 17. Burial Date thereof Sept. 13, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory North Rose Hill  
 Location Cumberland, Md.  
 18. Funeral director Thurmon  
 Address \_\_\_\_\_  
 19. 9/10/45  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 19 45 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 22 19 45 to Sept. 10 19 45  
 and that I last saw him alive on Sept. 10 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 4 Mos.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lin M. D. KOTZ  
 Address State Sanatorium, Md. Date signed 9/10/45

RECEIVED  
SEP 12 1945  
BUREAU U.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *74a*

## CERTIFICATE OF DEATH

09021

Reg. Dist. No.

307

### 1. PLACE OF DEATH:

County Frederick  
City or town Brunswick, Md  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution: Schnaufers Hospital  
Stay in hospital or inst. (yrs., or mos., or days) 3 mo  
Stay in this community (yrs., or mos., or days) 67 yrs

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town \_\_\_\_\_ Ward No. \_\_\_\_\_  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. Sandy Hook, Md. R.R. # 1  
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR \_\_\_\_\_

### 3. (a) FULL NAME

Frederick George Mirley

### 3. (b) Social Security Number

Lost

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Sadie Ann Mirley

7. Birth date of deceased (mo., day, yr.) March 21 1878

8. AGE: Years 67 Months 6 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Sandy Hook, Md.  
(Town, county, and state)

10. Usual occupation Track Forman

11. Industry or business B. & O. R. R. Co.

12. Name George Frederick Mirley

13. Birthplace Not Known

14. Maiden name Nora Rosina Hammond

15. Birthplace Not Known

16. Informant William F. Mirley

Address Sandy Hook, Md. R.R. # 1

17. Burial Date thereof Sept 23 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Brownsville, Md

18. Funeral director J. H. Backus

Address Bolivar, W.Va.

19. Sept 24 19 45 Cornelius H. Denette  
(Date rec'd by registrar) Deputy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 19 45, at 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 45 to Sept 21 19 45, and that I last saw him alive on Sept 20 19 45.

Immediate cause of death Coronary Thrombosis DURATION 10 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William F. Mirley M. D. or other

Address Brunswick Date signed Sept 24 1945

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
OCT 4 1945  
BUREAU A.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick

City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 3 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Montgomery

City or town... Damascus - R.D. 8  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Robert Monroe Mullinix

## 3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Cecelia Mullinix

7. Birth date of deceased (mo., day, yr.)

Oct 4 1871

8. (c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Montg Co Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

John Joseph Mullinix

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

(Month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19. 6 Sept 1945

20. Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 5, 1945, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 12, 1942, to September 5, 1945

and that I last saw him alive on August 29, 1945

Immediate cause of death Anterior tibial gangrene

left by:

Due to Anterior tibial cardiovascular disease

Due to Cerebral thrombosis, right

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James P. Kerr M.D.

Address Damascus, Md.

Date signed 9/6/45

CERTIFICATE OF DEATH

RECEIVED  
SEP 8 1945  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 9/26/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 9/26/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 4330 E. Lombard  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Henry Porach

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife \_\_\_\_\_  
 7. Birth date of deceased (mo., day, yr.) Sept. 27, 1910 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 35 Months 0 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation Shipyard Worker  
 11. Industry or business \_\_\_\_\_  
 12. Name Joseph Porach  
 13. Birthplace Czechoslovakia  
 14. Maiden name Susion Mikula  
 15. Birthplace Czechoslovakia

16. Informant Mrs. Mary Burke (Sister)  
 Address 1125 Rosedale Ave., Balto., Md.  
 17. Burial Date thereof 10/2/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery St. Stanislaus  
 Location Baltimore, Maryland  
 18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland  
 19. 9/27 19 45  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 19 45 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 26 19 45, to Sept. 27 19 45  
 and that I last saw him alive on September 27 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 2½ Yrs.

xxxx Laryngeal Tuberculosis Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lynn XXXXAddress State Sanatorium, Md Date signed 9/28/45

RECEIVED  
OCT 1 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

## CERTIFICATE OF DEATH

09024

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Thurmont - Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Months  
 Hospital, institution, or street address where death occurred:  
Lewistown  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Thurmont - Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Lewistown  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

CHARLES NEWTON REEDER

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
 6. (b) Name of husband or wife Cora Emma Twentey  
 7. Birth date of deceased (mo., day, yr.) February 14, 1867 8. (c) If alive, give age                      years  
 8. AGE: Years 78 Months 6 Days 19 If less than one day                      hrs.                      min.

9. Birthplace Nr. Middletown-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Retired

## 11. Industry or business

FATHER 12. Name Josephus Reeder  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Ann Bere  
 15. Birthplace Frederick County Maryland

16. Informant Raymond N. Reeder  
 Address Thurmont, Maryland R. F. D. #1

17. Burial Burial Date thereof 9/6/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rocky Springs Cemetery  
 Location Near Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 14 Sept 1945 Anna M. Jones Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1945 at 11:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1941 to Sept 3 1945  
 and that I last saw him alive on Sept 3 1945

## Immediate cause of death

Hemiplegia

## DURATION

2 days

Due to Cardio Vascular Renal

Due to

Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide                      Date of                     

Where did injury occur?                      (City or town)                      (County)                      (State)

Injured at home, farm, industry, public place (where?)                     

Means of injury                      Injured at work?                     

23. SIGNATURE H. Lawrence Johnson M. D.

Address Frederick, Maryland Date signed 9-4-45

RECEIVED  
SEP 6 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99d

## CERTIFICATE OF DEATH



Reg. Dist. No.

09025

131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 127 East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

CHARLES HENRY CRAMER RHODERICK

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Anna W. Rhoderick

## 7. Birth date of

deceased (mo., day, yr.)

September 19, 18716. (c) If alive, give age 68 years

## 8. AGE:

Years

Months

Days

If less than one day

731117

hrs.

min.

9. Birthplace Mt. Pleasant, Maryland

(Town, county, and state)

10. Usual occupation Retired Letter Carrier

11. Industry or business

None

## FATHER

12. Name

John Rhoderick

13. Birthplace

Mt. Pleasant, Md.

## MOTHER

14. Maiden name

Catherine Ann Sponseller

15. Birthplace

New Market, Maryland

## 16. Informant

Mrs. Charles H. C. Rhoderick

Address

Frederick, Maryland17. Burial

(Burial, cremation, or removal - Which?)

Date thereof Sep. 8, 1945

(month) (day) (year)

Cemetery or crematory

Mt. Olivet Cemetery

Location

Frederick, Maryland

## 19. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

## 19.

7-Sept  
(Date rec'd by registrar)

1945

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1945 at 3/40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 151945to Sept 61945and that I last saw him alive on Sept 6 1945

Immediate cause of death

Coronary Thrombosis

DURATION

36 hours

Due to

Chronic Myocarditis3

Due to

Bronchial Pneumonia1 week

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Ark M.D.

M. D. or other

Address

Frederick MdDate signed 9-7-45

UNITED STATES DEPARTMENT OF HEALTH

CENTRE FOR DISEASE CONTROL

RECEIVED

SEP 8 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH

County Frederick  
 City Mt. Pleasant, Fred., Md. R.D.1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Samuel William Rideout

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

Emma Minor

7. Birth date of

deceased (mo., day, yr.)

April 17, 1890

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

50

5

22

hrs.

min.

9. Birthplace

Mt. Pleasant, Frederick, Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Edward R. Rideout,

13. Birthplace

Mt. Pleasant, Md.

MOTHER

14. Maiden name

Mary Millbury,

15. Birthplace

Carroll Co., Md.

16. Informant

Mary Keys,  
Chapel Alley, Frederick, Md.

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

Sept. 12, 45

(month) (day) (year)

Cemetery or crematory

St. Peters Cemetery,

Location

Libertytown, Md.

18. Funeral director

M. R. Etchison & Son,  
Frederick, Md.

Address

19.

11 Sept 1945  
(Date rec'd by registrar)Elizabeth G. Heck.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity Mt. Pleasant, Fred., Md. R.D.1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

210-14-8979

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9th., 45 at 8.30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him Sept 9 alive on Sept 9

Immediate cause of death

Fracture of skull  
fracture of left arm  
& rt leg

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9.9.45Where did injury occur? hit plant (City or town) Frederick Co (State) Monte #26

Injured at home, farm, industry, public place (where?)

Means of injury auto

Injured at work?

23. SIGNATURE

Frederick, Md. Dep. Medical Examiner  
Date signed 9/11/45

RECEIVED

RECEIVED

RECEIVED

SEP 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09027

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 13 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #5  
(If outside city or town limits, write RURAL and give nearest town)Street No. Shookstown  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

WILLIAM HOWARD ROPP

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 5, 1945 6. (c) If alive, give age 13 years

8. AGE: Years <u>0</u>	Months <u>0</u>	Days <u>13</u>	It less than one day <u>hrs.</u> <u>min.</u>
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9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Infant

## 11. Industry or business

12. Name William F. Simpson13. Birthplace Texas14. Maiden name Margaret G. Ropp15. Birthplace Frederick County Maryland16. Informant Margaret G. RoppAddress R. F. D. #5, Frederick, Md.17. Burial 9/19/45  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rocky Spring CemeteryLocation Near Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 Sept 19 45 Elizabeth G. Hesk.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 18, 19 45 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 5 19 45 to Sept 18 19 45  
and that I last saw him alive on Sept 18 19 45

Immediate cause of death

Lobar Pneumonia

DURATION

4 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Talbot M. D.Address Frederick, Maryland M. D. or otherDate signed 9-19-45

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

SEP 20 1945

BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09028

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 3/15/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 3/15/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2720 Cylburn Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John P. Ross

## 3. (b) Social Security Number

218-14-9324

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 17, 1889  
 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

56

6

0

hrs. min.

## 9. Birthplace

Baltimore, Md.

(Town, county, and state)

## 10. Usual occupation

Baker

## 11. Industry or business

FATHER

## 12. Name

Patrick Ross

## 13. Birthplace

Ireland

MOTHER

## 14. Maiden name

Ellen Kenny

## 15. Birthplace

Ireland

## 16. Informant

Deceased

## Address

## 17.

Burial Date thereof Sept. 21, 1945  
 (Burial, cremation, or removal) (month) (day) (year)

## Cemetery or place of interment

Nottingham Cathedral

## Location

Baltimore, Md.

## 18. Funeral director

M. L. Creager & Son

## Address

Thurmont, Maryland

## 19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 19 45, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 15 19 45 to Sept. 17 19 45  
 and that I last saw him alive on September 17 19 45

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

11 Mos.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

J. B. Lynn

M. D. or other

Address State Sanatorium, Md. Date signed 9/18/45



RECEIVED  
SEP 20 1945  
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1173

## CERTIFICATE OF DEATH

09029

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Fredrick  
City or town Fredrick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick City Hospital  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Fredrick  
City or town Petersville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war now

## 3. (a) FULL NAME

Patricia Snoots

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced -

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 12 1945 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 3 Months 15 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Fredrick City Hospital  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wilbur C Snoots  
13. Birthplace MD

MOTHER 14. Maiden name Jeanette J Payne  
15. Birthplace MD

16. Informant Wilbur C Snoots  
Address Petersville MD

17. Burial Date thereof Sept 29 / 45  
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematorium Edwin Park  
Location near St of Rocks MD

18. Funeral director W H 3212 Row  
Address Brunswick

19. 27-Sept 1945 Elizabeth G Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1945, at 11 45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept Aug 4 1945 to Sept 27 1945  
and that I last saw him alive on Sept 27 1945

Immediate cause of death Diarrhea - Malnutrition DURATION 1 mo

Due to Intestinal Infection 6 wks

Due to Thrush 2 wks

Other conditions Premature birth  
(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE C. J. Bruce M. D. or other \_\_\_\_\_  
Address Jefferson MD Date signed 9/27/45

RECEIVED

OCT 2 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

09030

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Rural - Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2 mos.

Hospital, institution, or street address where death occurred:

Summer camp on Potomac River

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 328 Brunswick St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Lewis Edward Spurrier

## 3. (b) Social Security Number

705-10-00014. Sex M5. Color or race W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Annie May MorleyB.(c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) June 23, 18808. AGE: Years 65 Months 2 Days 10 If less than one day  
.....hrs. ....min.8. Birthplace Plane #4 Fred. Co., Md.  
(Town, county, and state)10. Usual occupation Retired locomotive Engineer

## 11. Industry or business

12. Name George W. Spurrier13. Birthplace Plane #4 Fred. Co., Md.14. Maiden name Sarah Emma Rippeon15. Birthplace Plane #4 Fred. Co., Md.Mrs. Lewis E. Spurrier18. Informant Mrs. Lewis E. SpurrierAddress 328 Brunswick St. Brunswick Md.17. Burial Date thereof Sept 4, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Marvin ChapelLocation Plane #4 Fred. Co., Md.18. Funeral director Jesse S. BaileyAddress 320 W. Potomac St. Brunswick, Md.19. Sept 4 - 1945 Ernest Martin  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 19 45, at 4 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 19 45 to Sept 2 19 45and that I last saw him alive on Aug 30 19 45Immediate cause of death Coronary thrombosis

## DURATION

3 MO

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest Martin

M.D. or other

Address Brunswick, Md. Date signed Sept 4-45

RECEIVED  
SEP 6 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

## CERTIFICATE OF DEATH

09031

Reg. Dist. No. 131

## I. PLACE OF DEATH:

County FredrickCity or town Fredrick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Fredrick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male M. Single.

B. (b) Name of husband or wife .....

B. (c) If alive, give age .....

7. Birth date of

deceased (mo., day, yr.)

March 10 - 1941

8. AGE:

Years

Months

Days

If less than one day

4522

.....hrs.

min.

9. Birthplace

Carroll County Maryland  
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

FATHER

12. Name

Raymond W. Stevens

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mattha Fogle

15. Birthplace

Maryland

16. Informant

Raymond W. Stevens

Address

Mc Kays Maryland - R. 1

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Sept 4 - 1945  
(month) (day) (year)

Cemetery or crematory

Mount Zion

Location

Mc Kays - Maryland

18. Funeral director

Powell & Harts

Address

Woodlawn & Libertytown Maryland

19.

3-Sept  
(Date rec'd by registrar)

19.

45Elyabete G. Hecke  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1945 at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 7 1945 to Sept 9 1945  
and that I last saw him alive on Sept 7 1945

Immediate cause of death

DURATION

Septic Myocarditis

Due to

Septic Myocarditis

Due to

Septic Myocarditis

Other conditions

Sept 2

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide .....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

J. H. Wilson M.D.  
Address Holmesville Date signed Sept 2

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED  
SEP 8 1945  
BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

9032

★ Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 6/12/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 6/12/45

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Wicomico  
City or town Quantico  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. R. 1  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Dorothy W. Tignor

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced  
6.(b) Name of husband or wife.....  
6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) Oct. 30, 1903  
8. AGE: Years 41 Months 11 Days 16 If less than one day..... hrs. .... min.

9. Birthplace Tyaskin, Md.  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business

12. Name Maurice Willing  
13. Birthplace Tyaskin, Md.  
14. Maiden name Mary Anna Travers  
15. Birthplace White Haven, Md.

16. Informant Mary Anna Tignor (Daughter)  
Address 2911 Onyx Rd., Parkville, Md.

17. Removal Date thereof Sept. 17, 1945  
(Burial, cremation, or removal) (month) (day) (year)  
Cemetery or crematory St. Mary's  
Location Tyaskin, Md.

18. Funeral director M. L. Greager & Son  
Address Thurmont, Md.

19. 9/16/45 19.....  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 19 45 at 8:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 19 45 to Sept. 16 19 45 and that I last saw her alive on September 16 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 5 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. B. Lynn M. D. or other

Address State Sanatorium, Md. Date signed 9/17/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 20 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09033

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 29 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Charles H. Trout

## 3. (b) Social Security Number

none4. Sex M 5. Color or race W 6.(a) Single, married, widowed or divorced married8.(b) Name of husband or wife Lora Andrus Trout8.(c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) Aug. 18, 18628. AGE: Years 83 Months 1 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Irontrille Fred co, Md.  
(Town, county, and state)10. Usual occupation Farming

## 11. Industry or business

12. Name John Trout13. Birthplace Fred. co.14. Maiden name Catherine Dorcas15. Birthplace The 2 1/2 Cr16. Informant Mrs Harry O. SmithAddress Walkersville, Md.17. Burial Date thereof Oct 2, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Int Hope,Location Woodboro, Md.18. Funeral director G.E. BartonAddress Walkersville19. 1-Oct 19 45 Elizabeth L. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 19 45 at 2:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 19 45 to Sept 30 19 45 and that I last saw him alive on Sept 30 19 45

Immediate cause of death

apoplexy

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured of work?

23. SIGNATURE

Ed Easton Day N. D. or other  
Address Walkersville, Md Date signed Oct, 45

CERTIFICATE OF DEATH

RECEIVED  
OCT 3 1945  
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County FrederickCity or town Rural, Emmitsburg, R.D.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

about 1 mile west

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Emmitsburg, Md., R.D.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Harry Grant Wantz4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Sallie Caldwell Wantz7. Birth date of deceased (mo., day, yr.) Feb. 8, 1890 8.(c) If alive, give age 55 years8. AGE: Years 55 Months 4 Days 7 If less than one day hrs. --- min. ---9. Birthplace Adams County, Penna.  
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John R. Wantz13. Birthplace Frederick Co., Md.14. Maiden name Sallie Caldwell15. Birthplace Adams Co., Pa.16. Informant Mr. Annie E. WantzAddress Emmitsburg, R.D., Md.17. Burial Date thereof Sept. 15, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. View CemeteryLocation Emmitsburg, Md.18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. Sept-13 19 45 Registrar W. R. Shuff

(Date rec'd by registrar)

## 3.(b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1945 at 2.30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1942 to Sept. 12, 1945and that I last saw him alive on Sept. 12, 1945Immediate cause of death Acute dilatation of heart DURATION ---Due to This man died in one or two minutesDue to after exertion of walking up hill thru woods

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John M. Henderson, M.D. M. D. or otherAddress Fairfield Pa Date signed 9-13-45

RECEIVED  
SEP 17 1945  
BUREAU V.A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

09035  
Reg. Dist. No. 145

## 1. PLACE OF DEATH:

County FredrickCity or town Rural (Myersville)  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 65 yr.

Hospital, institution, or street address where death occurred:

Pleasant WalkHow long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town (Rural) Myersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. Pleasant Walk  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3.(a) FULL NAME

Virgie B. Warrenfeltz

## 3.(b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Marshall H. Warrenfeltz7. Birth date of deceased (mo., day, yr.) March 16 18808.(c) If alive, give age 70 years

## 8. AGE:

Years

Months

Days

If less than one day

65515hrs.min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Home

## FATHER

## 12. Name

Jessiah Betz

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Anna Dreyer

## 15. Birthplace

Maryland

## 16. Informant

Marshall H. Warrenfeltz

## Address

Myersville Md.

## 17. Burial

Burial

## Date thereof

Sept 5 1945

## (Burial, cremation, or removal, which?)

Pleasant Walk

## Cemetery or crematory

Rural Myersville Md.

## Location

—

## 18. Funeral director

G. H. Feltz & Bros

## Address

Brunswick Md.18. Sept 419 45Edgar BettsRegistrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1945 at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Chronic Myocarditis

Due to.....

Hypertrophosis of right

Due to.....

Kidney

Other conditions.....

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DURATION

5 yr

## Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?.....

23. SIGNATURE.....

G. W. Ruby M.D.

Address.....

Date signed 9/2/45



DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED  
SEP 5 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09036 31

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 6 mo

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 E Third St.

(If rural, give LOCATION)

2(a) If veteran, name war none

## 3. (a) FULL NAME

Allie May Whipp

## 3. (b) Social Security Number

none

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

George Whipp

7. Birth date of

deceased (mo., day, yr.)

Sept. 22, 1877

6. (c) If alive, give age..... Years

8. AGE:

Years

Months

Days

If less than one day

671129

hrs.

min.

9. Birthplace

Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own home

FATHER

12. Name

Shivers

MOTHER

13. Birthplace

Frederick Co. Md.

14. Maiden name

Susan Loots

15. Birthplace

Frederick Co. Md.

16. Informant

Charles Loots

Address

Hampstead Md.

17. Burial

(Burial, cremation, or removal. Where?)

Date thereof

Sept. 24, 1945  
(month) (day) (year)

Cemetery or crematory

Mt Hope Cemetery

Location

Woodsboro Md.

18. Funeral director

Buell & Hartley

Address

Woodsboro Md.

19. Date

22 Sept 1945

(Date rec'd by registrar)

Elizabeth D. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1945 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 19 1945 to Sept 21 1945and that I last saw him alive on Sept 21 1945

Immediate cause of death

Carcinoma stomach

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Samuel E. Foster Day  
Wilhelmville, Md Date signed Sept 22 1945

RECEIVED

SEP 28 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

## CERTIFICATE OF DEATH

09037



Reg. Dist. No.

131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

Frederick County Emergency Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 213 East Fourth Street

(If rural, give LOCATION)

2. (a) If veteran, name war NONE

## 3. (a) FULL NAME

Charles Edward Wills

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 3, 1945

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
0 0 7 hrs. min.9. Birthplace Frederick, Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John Richard Wills13. Birthplace Frederick, Md.14. Maiden name Dorothy Virginia Schultz15. Birthplace Frederick Co., Md.16. Informant Mr. John Richard WillsAddress 213 East Fourth St., Fred., Md.17. Burial Date thereof 9/11/45  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Md.18. Funeral director M. R. Etchison & SonAddress Frederick, Md.19. 11-Sept 19 45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1945 at 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 3 19 45 to Sept 10 19 45  
and that I last saw him alive on Sept 10 19 45

Immediate cause of death

DURATION

Chorea 7 months

Due to

Due to exhaustion

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Fehmy M.D.Address Frederick, Md. Date signed 9/11/45

RECEIVED  
SEP 12 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County FredrickCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredrickCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Anthony Augustin Wirell

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Anna C. Sanders

## 7. Birth date of deceased (mo., day, yr.)

Aug 13 - 1865

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years 80 Months \_\_\_\_\_ Days 19 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Emmitsburg MD  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Ret. Wirell

## 12. Name

Emmitsburg

## 13. Birthplace

Emmitsburg MD

## 14. Maiden name

Brussilla L Baker

## 15. Birthplace

Emmitsburg MD

## 16. Informant

Joseph Wirell

## Address

Emmitsburg MD

## 17. Burial, cremation, or removal (When?)

Burial Date thereof Sept 5 - 1945  
(month) (day) (year)

## Cemetery or crematorium

St. Joseph's Cem

## Location

Emmitsburg MD

## 18. Funeral director

M. T. Cresger

## Address

Thurmont MD

## 19. Date rec'd by registrar

Sept 4 1945 W. H. Shuff Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1945 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1926 1945 to Sept 2 1945and that I last saw him alive on Sept 1 1945

## Immediate cause of death

arterio sclerosis cardio  
vascular diseaseDue to with hypertension - several years

Due to \_\_\_\_\_

Other conditions Cerebral hemorrhage - 2 years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. R. Cadle MD M. D. or otherAddress Emmitsburg MD Date signed 9.3.45



RECEIVED  
SEP 6 1945  
BUREAU T.C.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 8/8/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 8/8/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2306 Robb St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Catherine Yeakle

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband

Howard Yeakle

## 7. Birth date of

deceased (mo., day, yr.)

Nov. 18, 1901

## 6. (c) If alive, give age

47

years

## 8. AGE:

Years

Months

Days

If less than one day

43

10

4

hrs.

min.

## 9. Birthplace

Baltimore, Maryland

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER

## 12. Name

William Chilcote

## 13. Birthplace

Maryland

MOTHER

## 14. Maiden name

Sara Dillahunt

## 15. Birthplace

Baltimore, Md.

## 16. Informant

Howard Yeakle (Husband)

## Address

2306 Robb St., Baltimore, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

9/25/45

(month) (day) (year)

## Cemetery

Lorraine

## Location

Baltimore, Maryland

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Maryland

## 19. (Date rec'd by registrar)

9/24/45

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 19 45, at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 819 45, toSept. 2219 45

and that I last saw her alive on

September 2219 45

Immediate cause of death

Pulmonary Tuberculosis

DURATION

1 Yr

Due to

Tuberculous Enteritis6 Mos

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. M. LinnM. D. W. D. Linn

Address

State Sanatorium, Md.

Date signed

9/23/45

RECEIVED

SEP 25 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County Frederick  
 City or town Mount Airy-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 Years  
 Hospital, institution, or street address where death occurred:  
Barthlows  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Mount Airy-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Barthlows  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

JULIA AGNES YOUNG

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Homer G. Young

7. Birth date of deceased (mo., day, yr.) February 23, 1895 6. (c) If alive, give age 54 years

8. AGE: Years 50 Months 7 Days 7 If less than one day  
 .... hrs. .... min.

9. Birthplace Pearl-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation House-Wife11. Industry or business At Home12. Name Albert W. Phelps13. Birthplace Frederick County Maryland14. Maiden name Susanna Elizabeth McDonald15. Birthplace Frederick County Maryland16. Informant Mr. Homer G. YoungAddress Mount Airy, Md. R. F. D. #1

17. Burial Date thereof 10/3/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Frederick Memorial ParkLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 1-Oct 19 45 Lucian K. Talcom  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH September 30, 1945 at 8:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... 19..... to ..... 19.....  
 and that I last saw her DEAD September 30, 1945

Immediate cause of death Cerebral occlusion DURATION 2 hr.

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

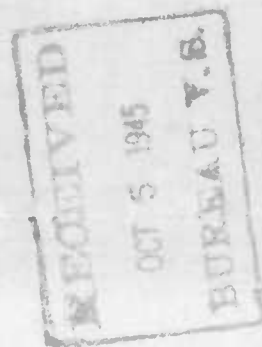
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Dr. Thomas

Frederick, Maryland M.D. of other  
 Address Date signed 10-1-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 82 years

Hospital, institution, or street address where death occurred:

118 West 3rd St

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 118 West 3rd St  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Georgia Whaley Zimmerman

## 3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife W. D. Zimmerman

7. Birth date of

deceased (mo., day, yr.)

Jan 18, 1863

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

8281

hrs.

min.

8. Birthplace

Frederick, Frederick, Md  
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

George W. Whaley

13. Birthplace

Martinsburg, W. Virginia

MOTHER

14. Maiden name

Isabella Hagan

15. Birthplace

Frederick, Co. Md

16. Informant

Miss Isabella Zimmerman

Address

Frederick, Md

17

(Burial, cremation, or removal, which?)

Date thereof

9/22/45  
(month) (day) (year)

Cemetery or crematory

Int. Olivet

Location

Frederick, Md

18. Funeral director

Harry E. Galt Co

Address

Frederick, Md.

19.

21-Sept1945

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 191945

at

5:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 11945

to

Sept 191945

and that I last saw her alive on

Sept 191945

Immediate cause of death

Cerebral Hemorrhage

DURATION

10 days

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Justin Pearce, M.D.

M. D. or other

Address

Frederick, Md.

Date signed

9/20/45

RECEIVED

SEP 22 1945

BUREAU V. S.